
CERTIFICATION APPLICATION

DEPARTMENT OF BUSINESS
DEVELOPMENT
COURT HOUSE CENTER
175 N.W. 1ST AVENUE
28TH FLOOR
MIAMI, FL 33128-2119

FOR DBD USE ONLY

Fee Amt. Received: \$ _____
Check Number: _____
Check Date: _____
Received By: _____

Certification Status: (Check All Appropriate Categories)

Community Small Business Enterprise (CSBE) _____
Black Business Enterprise (BBE) _____
Hispanic Business Enterprise (HBE) _____
Woman Business Enterprise (WBE) _____
Disadvantaged Business Enterprise (DBE) _____
Community Business Enterprise/
Architectural & Engineering (CBE/A&E) _____

INSTRUCTIONS: Please complete each item. Do not leave any spaces blank. If a question is not applicable to your business, please insert "N/A" in the space provided for your answer. Whenever space is insufficient to answer a question completely, attach additional sheets as necessary; use the question number to identify any answer continued on an additional sheet. Application must include \$75.00 application fee in check or money order payable to "Board of County Commissioners." A charge of \$21.50 will apply in the event of returned checks. An incomplete application or an application that does not contain this fee amount will be returned.

1. FIRM NAME & ADDRESS

Name: _____
Trade Name: _____
Street Address: _____
City: _____ State: _____ County: _____
Contact Person: _____ Title: _____
Telephone: _____ Fax: _____
Email: _____

*Mailing Address (if different):

2. BUSINESS ESTABLISHED: (Month) _____ (Year) _____

3. SERVICES PROVIDED/WORK PERFORMED/PRODUCTS SOLD (also identify SIC code(s), if known)

4. a. GROSS RECEIPTS FOR LAST THREE YEARS:

19	_____	\$	_____
20	_____	\$	_____
20	_____	\$	_____

b. CURRENT NET WORTH OF BUSINESS _____

5. OWNERSHIP: _____ % Minority / Disadvantaged _____ % Female

6. NUMBER OF EMPLOYEES: Full Time: _____ Part Time _____ Permanent _____

7. OFFICE FACILITY (Check One)

☐ Rent/Lease

☐ Own

If rent, provide:

Name of Landlord: _____

Address: _____

Telephone No.: _____

8. CONTROL OF FIRM

Identify those individuals who are responsible for day-to-day management and policy decisions. Check where applicable and provide resumes of each individual.

Name	Ethnicity	Sex	Title	Financial Decisions	Management Decisions	Management Personnel	Technical Personnel	Marketing Decisions	Field Supervisor

9. Names of current members of Board of Directors:

Name	Ethnicity	Period of Service	% of Stock Owned
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

10. Identify all shareholders, owners or partners individually and list the requested information for each.

Name	Race/Ethnicity Group	Sex M/F	No. of Shares	% of Ownership	Total Cost	Date Acquired	Voting%	Personal Net Worth

Are all owners U.S. Citizens?

☐ Yes

☐ No

If no, submit proof of legal residence for non-citizens.

11. Identify Company Officers/Key Personnel. Indicate responsibilities and provide resumes for each:

TITLE	Name	Date Elected/ Employed	Sex M/F	Race Ethnicity	Current Salary
President					
Vice President					
Secretary					
Treasurer					
Chief Operating Officer					
Qualifier					

12. If any owner of the application firm has ownership interest in another company, please identify company in which interest is held:

Name	Company Name	Type of Business	% of Ownership

Which of the above firms are certified by Dade County: _____

13. If your company is owned in full or in part by another firm, identify that firm and percentage of ownership interest (include Mesbics, Venture Capitalists and other similar investors).

Firm Name	Address	% of Ownership	Contact Person	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Identify any owner or management official of this firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with this company. Such business relationships include: shared space, equipment, financing, or employees; both firms having some of the same owners; or a contractor-subcontractor relationship.

Name	Title	Affiliated Company	% of Stock Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. Identify Banking Institution(s):

Name of Institution	Address	Contact Person	Type of Account
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Number of signatures required on company checking account: _____

Please provide the signatures of all officers/key personnel of the firm and indicate if they are authorized to sign checks.

Signature	Authorized to Sign checks	
	Yes	No
President _____	<input type="checkbox"/>	<input type="checkbox"/>
Vice President _____	<input type="checkbox"/>	<input type="checkbox"/>
Secretary _____	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer _____	<input type="checkbox"/>	<input type="checkbox"/>
Chief Operating Officer _____	<input type="checkbox"/>	<input type="checkbox"/>
Qualifier/License Holder _____	<input type="checkbox"/>	<input type="checkbox"/>

17. If other persons are authorized to sign checks, please indicate:

Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Has your firm been certified/pending as a Small, Minority, or Disadvantaged Business Enterprise by any agency or institution during the past 15 months? ☐ Yes ☐ No If yes, identify and provide copies of the certificates.

Agency	Telephone No.	Contact Person	Expiration
_____	() _____	_____	_____
_____	() _____	_____	_____
_____	() _____	_____	_____
_____	() _____	_____	_____
_____	() _____	_____	_____

24. a. Is your firm authorized to do business in the State of Florida as well as Metropolitan Dade County, and does your firm have all required business licenses?

☐ Yes ☐ No

If no, please explain:

- b. Is your firm authorized to do business in Dade County?

☐ Yes ☐ No

25. Identify and fully explain any changes within the past 15 months affecting the ownership, control and/or responsibility for the day-to-day operations of the company (use a separate sheet if necessary):

26. During the past 15 months has any owner, key management official, or qualifier been employed in any capacity by another company?

☐ Yes ☐ No

If yes, identify owner, qualifier, or management official employed; their employer; job title/work performed; salary/compensation.

27. List three (3) projects/contracts/proposals completed by your business during the past 15 months.

Project	Amount	Completion Date	Name of Client & Contact Person	Telephone Number
_____	_____	____/____/____	_____	() _____
_____	_____	____/____/____	_____	() _____
_____	_____	____/____/____	_____	() _____

28. Have there been any changes in the services provided/work performed by your company during the past 15 months?

☐ Yes ☐ No

If yes, explain fully.

29. Are any owners of the business employed or have ever been employed by Miami-Dade County?

☐ Yes ☐ No

If the answer to the above questions is yes, complete the information below.

Name: _____ Department: _____

Position: _____

Starting Date: _____ Ending Date: _____

Supporting Documents

Submit copies of the following documents (and any amendment(s) thereto) along with the attached affidavit. All copies must be legible and be true and complete copies of the originals. Failure to submit the required supporting documents with the affidavit or the \$75.00 certification fee shall result in the return of the certification application.

I. ALL APPLICANTS

1. Copies of Federal tax returns including all schedules for the previous three (3) years (for sole proprietorship, individual tax returns).
 2. Copies of any agreements between owners or between owners and third parties that restrict or change ownership or control of the company.
 3. Copy of any current Dade County or local occupational license.
 4. Copies of State or other licenses or professional registrations and Dade County technical certifications (for A/E firms).
 5. Copy of picture I.D. (e.g., drivers license, passport, etc.) of owners(s), managing partner(s), major stockholders, and qualifiers or license holders for construction and other professional firms.
 6. Copy of resume(s) of all stockholders, partners, owners, qualifiers, and other key staff members.
 7. Copy of purchase or rental agreements for all equipment.
 8. Copy of previous and updated lease/sublease agreement or purchase agreement for office space.
 9. Copy of blank company check.
 10. Copy of proof of capital invested for startup capital and/or acquired percentage of ownership.
 11. Copy of birth certificate, passport, or naturalization papers for owners, managing partners, all stockholders, qualifiers, and license holders.
 12. Copies of utility bills, i.e. telephone, water and electric.
 13. Copy of loan agreement(s) for money borrowed during the past 12 months.
 14. Bank Resolutions for account(s) established during the past 12 months (for Sole Proprietorship, signature cards).
 15. If SBA 8(a) approved, submit approval letter.
 16. Listing of major equipment acquired during the past 12 months.
 17. Application fee of \$75.00 in check or money order payable to the "Board of County Commissioners".
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II. CORPORATIONS

1. Copy of Articles of Incorporation.
2. Copy of minutes of first corporate meeting.
3. Copy of bylaws (if bylaws not available, please provide an affidavit).
4. Copy of specimen stock certificate, those issued and the next two unissued stock certificate(s).
5. Copy of stock ledger sheets verifying issued stocks.

III. CORPORATIONS

General contractors and contractors in specific construction trade categories must submit copies of the following licenses:

1. State of Florida Contractors license with the company name and current address.
2. Dade County Certificate of Competency with company name and current address.
3. Letter or certificate from bonding companies stating applicant's current bonding capacity (if bonded).
4. Completed CSBE Applicant Supplemental form (if applying for small business enterprise certification).

IV. LOCAL BUSINESS IN DADE COUNTY

1. For County employees, attach copy of legal opinion from the County Attorney's Office regarding conflict of interest relative to contractual agreements with Dade County.
2. Register as a vendor with Dade County Procurement Management.

**COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)
WOMEN BUSINESS ENTERPRISE (WBE)
HISPANIC BUSINESS ENTERPRISE (HBE)
BLACK BUSINESS ENTERPRISE (BBE)**

WILLFUL PROVISIONS OF INCORRECT INFORMATION

PART I

If at any time the Dade County Department of Business Development (DBD) has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, DBD may refer the matter to the State Attorney's Office and/or other investigative agencies. DBD may initiate debarment or other sanctions in accordance with Ordinances and Administrative Orders which implement these programs. Further DBD may initiate debarment procedures and/or pursue other legal remedies in accordance with County policy and/or applicable federal, state and local laws.

PART II

**DISADVANTAGE BUSINESS ENTERPRISE (DBE)
WILLFUL PROVISIONS OR INCORRECT INFORMATION**

If at any time the U.S. Department of Transportation (U.S.D.O.T) or DBD have reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the (U.S.D.O.T) or DBD may refer the matter to the General Counsel of the U.S. Department of Transportation, DBD general Counsel and/or other investigative agencies. (U.S.D.O.T) General Counsel may initiate debarment or other sanctions in accordance with applicable federal regulations and/or refer the matter to the Department of Justice as the General Counsel deems appropriate. Further, DBD and/or other State and local agencies may initiate debarment procedures and/or pursue other legal remedies in accordance with County Policy and/or applicable federal, state and local laws.

AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of this firm as well as the ownership thereof. Further, the undersigned agrees to provide complete and accurate information regarding actual work performed on projects, the payment therefore and any proposed changes, if any, of the misrepresenting will be grounds for terminating any contact which may be awarded and for initiating action under Federal or State laws concerning false statements.

Note: If after filing this application there are any changes in the information submitted, the undersigned agrees to immediately inform the Department of Business Development (DBD) of such changes in writing.

Executed by: _____
(Name of Firm)

Signature of Affiant

Sworn Before me
This _____ Day of _____ 19 _____

Printed Name of Affiant

Notary Public

Title

**Mail to:
Certification Unit
Dade County Department of Business Development
Court House Center
175 N.W. 1st Street
28th Floor
Miami, FL 33128-2119**

* Applicant must include nonrefundable \$75.00 application fee in check or money order payable to "Board of County Commissioners".

Business Enterprise Certification

Certification

The certification process is the starting point for participation in Dade County's business programs. DBD's Certification Unit processes all applications for certification and provides technical assistance. Basically, BBEs, WBEs and HBEs are defined as independent corporations, partnerships, sole proprietors or other legal entities which (a) are at least 51% owned and controlled by their Black, female or Hispanic ownership; (b) have actual places of business in Miami-Dade county; (c) perform a commercially useful function; (d) meet appropriate size standard limits as set forth in Title 13 Code of Federal Regulations, Chapter 1, Part 121; and (e) are qualified by a Black, woman or Hispanic owner of the firm. CSBEs are generally defined as independent construction companies that are (a) located and performing a commercially useful function in Miami-Dade County; (b) do not exceed three (3) year average gross receipts of \$2.0 million for general building and heavy construction contractors (SICs 15 and 19) and \$1.0 million for specialty trade contractors (SIC 17); (c) qualified by an owner of at least 10% of the firm's issued stock; and (d) owned by persons whose combined personal net worth does not exceed \$750,000.00 DBEs, which have similar requirements, are not required to be located in Miami-Dade County.

Summary

While this is not an exhaustive outline of the requirements for small, minority and disadvantage enterprise certification, it should serve as a guide to enable you to determine your eligibility. The certification review process, which takes about four (4) weeks and requires a \$75 application fee, includes: (a) an eligibility review meeting with the firms' owners, partners and /or key staff persons; and (b) a site visit to the company's principal place of business (which may be a home based office) if located in Miami-Dade, Broward, or Palm Beach County. Certification is for a one (1) year period with annual re-certifications (\$25 re-certification fee is required). Please feel free to contact DBD's Certification Unit at (305) 349-5960 and speak to a certification specialist if you have additional questions regarding the certification process. For CSBE applicants, you may contact the special hotline number of (305) 349-5975/5976 for information regarding the various features and benefits of the CSBE program. We look forward to establishing a mutually beneficial relationship with your firm and appreciate your interest in Miami-Dade County's business enterprise programs.